

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-8-05

2 Serial/Patent # 10/521,513

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 400

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 02--2327

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Fee Code Correction

1632 to 1641

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: B. Campbell

TITLE:

SIGNATURE: BAC

PHONE:

OFFICE: PT/DOL/EO

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: 06/09/2005 BRANP01

01/04/2005 BRANP01 0000105 000027 000000

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: